CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

> "Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450"

on April 28, 2004

KEVIŃ J. STEIN Reg. No. 47,966

Attorney for Applicant(s)

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Date of

Signature

Customer No.: 000201

Attorney Docket No.: J3511(C)

Applicant: Serial No.: Landa et al. 09/764,829

Filed:

January 17, 2001

For:

Antimicrobial Antiperspirant Products

UNUS No.: Y2-0119-UNI

Group:

1616

Examiner:

A. Pryor Edgewater, New Jersey 07020

April 28, 2004

RESPONSE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated January 28, 2004, please consider the following comments:

Remarks/Arguments begin on page 2 of this paper.

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

> "Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450"

on April 28, 2004

KEVIN J. STEIN Reg. No. 47,966

Reg. No. 47,966 Attorney for Applicant(s) 04/28/04 Date of

Signature

UNITED STATES DEPT. OF COMMERCE Patent and Trademark Office



Customer No.: 00201

Attorney Docket No.: J3511(C) Applicant: Landa et al.

Serial No.: Filed: 09/764,829 January 17, 2001

For:

Antimicrobial Antiperspirant Products

UNUS No.:

Y2-0119-UNI

Group:

1616

Examiner:

A. Pryor

Edgewater, New Jersey 07020

April 28, 2004

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a reply in the above-identified application.

[X] No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 80.00	
Multiple Claims					\$ 270.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			\$			

^{*}If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

[] Charge \$_____ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

[X] 37 C.F.R. § 1.16;

[X] 37 C.F.R. § 1.17;

[X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

Kevin J. Stein

Registration No. 47,966 Attorney for Applicant(s)

KJS/sa 201) 840-2394

^{**}If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.